RT 75

Section Y2 – YEAR 2000 OBJECTIVES

YA – ENVIRONMENTAL HEALTH

3-4

ITEM YA1 — Adult SP status. *Begin here on Section Y2 callback.*

5

1 ☐ Available *(1)*
2 ☐ Callback required *(Household page of HIS-1)*
3 ☐ Noninterview *(Response status on Back Cover)*

These next questions are about this home.

Mark (X) by observation or ask.

6

1. Which of the following best describes your home?

Read answer categories.

1 ☐ Single home, duplex, townhouse
2 ☐ Basement, first or second floor apartment or condominium
3 ☐ Apartment or condominium above second floor
4 ☐ Trailer/Mobile home
8 ☐ Other – *Specify* _____

9 ☐ DK

7

2. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?

1 ☐ Yes *(3)*
2 ☐ No } *(4)*
9 ☐ DK }

8

3. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?

0 ☐ Less than 1 day per week/Rarely

_____ Days per week
(Number)

9 ☐ DK

9-10

4. How many smoke detectors are installed in this home?

01 ☐ Only 1

_____ Smoke detectors
(Number)

00 ☐ None
99 ☐ DK

11

5. Was your home built before 1950?

1 ☐ Yes *(6)*
2 ☐ No *(7)*
9 ☐ DK *(6)*

12

6. Has paint from this home EVER been analyzed for lead content?

Read if necessary: **This can be done by sending paint chips to a laboratory for testing, having a measurement by an x-ray fluorescence or XRF machine or having a chemical spot test on the wall.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

13

7. Have you ever heard of radon, a gas that is found in the air in some homes?

1 ☐ Yes *(8)*
2 ☐ No } *(Part YB)*
9 ☐ DK }

14

8. Has your household air been tested for the presence of radon?

1 ☐ Yes *(9)*
2 ☐ No } *(Part YB)*
9 ☐ DK }

15

9a. Was the radon level from that test above or below the EPA radon guidelines of 4 picocuries (pi-ko-kurees) per liter?

Read if necessary: **What was the radon level from the last test BEFORE any corrective action was taken?**

1 ☐ Above the EPA guideline *(9b)*
2 ☐ At or below the EPA guideline
6 ☐ DK results yet } *(Part YB)*
9 ☐ DK level

16-19

b. What was the radon level from that test, in picocuries per liter?

_____ Picocuries per liter
(Number)

9999 ☐ DK

20

10. Has anything been done in this home to reduce the level of radon exposure?

1 ☐ Yes
2 ☐ No
9 ☐ DK

RT 76

YB – TOBACCO

3-4

These next questions are about cigarette smoking.

5

1. Have you smoked at least 100 cigarettes in your entire life?

If asked: approximately 5 packs

1 ☐ Yes *(2)*
2 ☐ No } *(8)*
9 ☐ DK }

6

2. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?

1 ☐ Every day
2 ☐ Some days
3 ☐ Not at all
9 ☐ DK

7

3. Do you NOW smoke cigarettes every day, some days, or not at all?

1 ☐ Every day *(4)*
2 ☐ Some days *(6)*
3 ☐ Not at all *(8)*

8-9

4. On the average, how many cigarettes do you now smoke a day?

_____ Cigarettes a day
(Number)

99 ☐ DK

10

5. During the past 12 months, have you quit smoking for one day or longer.

1 ☐ Yes }
2 ☐ No } *(7)*
9 ☐ DK }

11-12

6a. On how many of the past 30 days did you smoke cigarettes?

00 ☐ None *(7)*

_____ Days } *(6b)*
(Number)

99 ☐ DK

13-14

b. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

_____ Cigarettes a day
(Number)

99 ☐ DK

15

7. Would you like to completely stop smoking cigarettes?

1 ☐ Yes
2 ☐ No
9 ☐ DK

16

8. Do you use snuff now?

1 ☐ Yes
2 ☐ No
9 ☐ DK

17

9. Do you use chewing tobacco now?

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

RT 77
3-4

YC – NUTRITION

1. Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight? — 5

1 ☐ Lose weight *(2)*
2 ☐ Gain weight *(YC1)*
3 ☐ Stay about the same *(2)*
4 ☐ Not trying to do anything *(YC1)*

HAND CARD S1. Read each category if telephone interview.

2. Are you currently doing any of these things to control your weight?

Mark (X) each that applies.

01 ☐ Joined a weight loss program	6-7
02 ☐ Eating fewer calories	8-9
03 ☐ Eating special products, such as canned or powdered food supplements	10-11
04 ☐ Exercising more	12-13
05 ☐ Fasting for 24 hours or longer	14-15
06 ☐ Skipping meals	16-17
07 ☐ Taking diet pills	18-19
08 ☐ Taking laxatives	20-21
09 ☐ Taking water pills or diuretics	22-23
10 ☐ Vomiting	24-25
11 ☐ Eating less fat	26-27
98 ☐ Something else – *Specify* _____	28-29
00 ☐ Nothing	30-31

ITEM YC1 — *Refer to HIS-1.* — 32

1 ☐ SP was respondent for HIS-1 *(Transcribe question 5 from HIS-1, page 20– 21, then ask 4a)*
2 ☐ SP was not respondent for HIS-1 *(3)*

3a. About how tall are you without shoes? — 33-35

_____ (Feet) _____ (Inches)

b. About how much do you weigh without shoes? — 36-38

Read if SP is pregnant: **Please give your usual weight before becoming pregnant.**

_____ (Pounds)

4a. How often do you or the person who shops for your food buy items that are labeled "low salt," or "low sodium" – would you say always, often, sometimes, rarely, or never? — 39

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

b. How often do you add salt to your food at the table – would you say always, often, sometimes, rarely, or never? Do not include salt substitutes. — 40

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

5a. When you buy a food item for the first time, how often would you say you read the INGREDIENT list on the package — would you say always, often, sometimes, rarely, or never? — 41

0 ☐ Don't buy food *(YC2)*
1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

b. When you buy a food for the first time, how often would you say you read the information about calories, fat and/or cholesterol content sometimes listed on the label – would you say always, often, sometimes, rarely, or never? — 42

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

ITEM YC2 — *Refer to age.* — 43

1 ☐ 65+ *(6)*
2 ☐ Under 65 *(Part YD)*

6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels? — 44

1 ☐ Yes *(Part YD)*
2 ☐ No } *(6b)*
9 ☐ DK }

b. Do you NEED to have meals delivered to your home by an agency or organization like Meals on Wheels? — 45

1 ☐ Yes
2 ☐ No
9 ☐ DK

RT 78
3-4

YD – OCCUPATIONAL SAFETY AND HEALTH

5

ITEM YD1 — *Refer to "Wa/Wb" boxes in C1 on HIS-1.*

1 ☐ Wa or Wb box marked *(Item YD2)*
2 ☐ Other *(Part YE)*

6

ITEM YD2 — *Refer to 6g on page 44 or 45 on HIS-1.*

1 ☐ Entry of P, F, S or L *(1)*
2 ☐ Other *(Part YE)*

7

These next questions are about health and safety in the work place.

1a. [You told me/I was told] that you were employed during the past two weeks. Is that correct?

1 ☐ Yes *(1b)*
2 ☐ No } *(Part YE)*
9 ☐ DK }

8

b. Altogether, does your employer have 50 or more employees?

1 ☐ Yes *(1c)*
2 ☐ No } *(1d)*
9 ☐ DK }

9

c. Does your employer have 50 or more employees at the building or location where you work?

1 ☐ Yes
2 ☐ No
9 ☐ DK

10-11

d. How many hours did you work at your main job during the past TWO WEEKS?

_____ Hours
(Number)

00 ☐ Did not work in past 2 weeks *(3)*
99 ☐ DK

12

2a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.

1 ☐ Yes *(2b)*
2 ☐ No } *(3)*
9 ☐ DK }

13

b. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.

1 ☐ Yes
2 ☐ No
9 ☐ DK

14

HAND CARD T1. Read all categories if telephone interview.

The next few questions are about smoking at work.

3. Which of these best describes the area in which you work most of the time?

Mark (X) only one.

1 ☐ Work mainly indoors *(4)*
2 ☐ Work mainly outdoors
3 ☐ Travel to different buildings or sites
4 ☐ In a motor vehicle
8 ☐ Other – *Specify* _____
9 ☐ DK

} *(5)*

15

4a. Does your employer have an official policy that restricts smoking in any way?

1 ☐ Yes *(4b)*
2 ☐ No } *(5)*
9 ☐ DK }

16

HAND CARD T2. Read all categories if telephone interview.

b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Mark (X) only one.

1 ☐ Not allowed in ANY indoor or common public areas
2 ☐ Allowed in SOME public areas, including designated smoking areas
3 ☐ Allowed in ALL indoor or common public areas
9 ☐ DK

17

HAND CARD T3. Read all categories if telephone interview.

c. Which of these best describes your employer's smoking policy for work areas?

Mark (X) only one.

1 ☐ Not allowed in ANY work areas
2 ☐ Allowed in SOME work areas
3 ☐ Allowed in ALL work areas
9 ☐ DK

18

5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?

1 ☐ Yes
2 ☐ No
9 ☐ DK

YD – OCCUPATIONAL SAFETY AND HEALTH – Continued

HAND CARD T4. Read each category if telephone interview.

6a. Which of these exercise programs are made available to you by your employer?

Anything else?

Mark (X) each that applies.

01 ☐	Walking group	19-20
02 ☐	Jogging/Running group	21-22
03 ☐	Biking/Cycling group	23-24
04 ☐	Aerobics classes	25-26
05 ☐	Swimming classes	27-28
06 ☐	Non-aerobic exercise classes	29-30
07 ☐	Weight lifting classes	31-32
08 ☐	Fully paid membership in health/fitness club	33-34
09 ☐	Partially paid membership in health/fitness club	35-36
10 ☐	Physical activity or exercise competitions	37-38
98 ☐	Other – *Specify* ↙	39-40
00 ☐	No programs	41-42
99 ☐	DK	43-44

HAND CARD T5. Read each category if telephone interview.

b. Which of these exercise facilities are made available to you by your employer, on the premises?

Anything else?

Mark (X) each that applies.

01 ☐	Gymnasium/Exercise room	45-46
02 ☐	Weight lifting equipment	47-48
03 ☐	Exercise equipment	49-50
04 ☐	Walking/Jogging path	51-52
05 ☐	Parcours/Fitness trails	53-54
06 ☐	Bike path	55-56
07 ☐	Bike racks	57-58
08 ☐	Swimming pool	59-60
09 ☐	Showers	61-62
10 ☐	Lockers	63-64
98 ☐	Other – *Specify* ↙	65-66
00 ☐	No facilities	67-68
99 ☐	DK	69-70

Notes

RT 79
3-4

YE – HEART DISEASE AND STROKE

5

These next questions are about certain health conditions.

1. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?

0 ☐ Borderline *(2)*
1 ☐ Yes *(2)*
2 ☐ No *(6)*
3 ☐ Only during pregnancy *(6)*
9 ☐ DK *(3)*

6

2. Were you told two or more DIFFERENT times that you had high blood pressure?

1 ☐ Yes } *(3)*
2 ☐ No }
3 ☐ Only during pregnancy *(6)*
9 ☐ DK *(3)*

7

3a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?

1 ☐ Yes *(3b)*
2 ☐ No } *(4)*
9 ☐ DK }

8

b. Are you NOW following this advice?

1 ☐ Yes
2 ☐ No
9 ☐ DK

9

4a. Was any medication EVER prescribed by a doctor to help you lower your blood pressure?

1 ☐ Yes *(4b)*
2 ☐ No } *(5)*
9 ☐ DK }

10

b. Are you NOW taking this medication?

1 ☐ Yes
2 ☐ No
9 ☐ DK

11

5a. Do you NOW have high blood pressure?

1 ☐ Yes *(6)*
2 ☐ No } *(5b)*
9 ☐ DK }

12

b. Is this condition completely cured or is it under control?

1 ☐ Cured
2 ☐ Under control
9 ☐ DK

13-15

6. About how long has it been since you had your blood pressure checked by a doctor or other health professional?

000 ☐ Never *(8)*

_____ (Number)
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
(7)

999 ☐ DK

16

7. At that time, did the doctor or other health professional say your blood pressure was high, low, or normal?

1 ☐ Not told
2 ☐ High
3 ☐ Low
4 ☐ Normal
5 ☐ Borderline
8 ☐ Other – *Specify* ↙

_____

9 ☐ DK

17

These next questions are about blood cholesterol.

HAND CARD U1.

8. When was the last time you had your blood cholesterol checked by a doctor or other health professional?

0 ☐ Never *(Part YF on page 66)*
1 ☐ Less than 1 year ago
2 ☐ 1 year, less than 2 years ago
3 ☐ 2 years, less than 5 years ago
4 ☐ 5+ years ago
9 ☐ DK
(9)

Notes

YE – HEART DISEASE AND STROKE – Continued

9a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol? 18

1 ☐ Yes *(9b)*
2 ☐ No } *(10)*
9 ☐ DK }

b. Are you NOW following this advice? 19

1 ☐ Yes
2 ☐ No
9 ☐ DK

10. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high? 20

1 ☐ Yes *(11)*
2 ☐ No } *(Part YF)*
9 ☐ DK }

11a. Was any medication EVER prescribed by a doctor to help lower your cholesterol level? 21

1 ☐ Yes *(11b)*
2 ☐ No } *(Part YF)*
9 ☐ DK }

b. Are you NOW taking this medication? 22

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

YF – OTHER CHRONIC AND DISABLING CONDITIONS

1. **Have you EVER been told by a doctor that you had diabetes? Do not include pre, potential, or borderline diabetes.**	1 ☐ Yes *(2)* 2 ☐ No 9 ☐ DK *(5)*	23
Ask if female, otherwise go to 4. **2.** **Were you pregnant when you were first told that you had diabetes?**	1 ☐ Yes *(3)* 2 ☐ No 9 ☐ DK *(4)*	24
3. **Other than during pregnancy, did a doctor EVER tell you that you had diabetes? Do not include pre, potential, or borderline diabetes.**	1 ☐ Yes *(4)* 2 ☐ No 9 ☐ DK *(5)*	25
4. **Have you ever taken a course or class in how to manage your diabetes yourself?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	26
5a. **Have you ever been told by a doctor that you have asthma?**	1 ☐ Yes *(5b)* 2 ☐ No 9 ☐ DK *(Part YG)*	27
b. **Have you ever taken a course or class in how to manage your asthma yourself?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	28

Notes

RT 80
3-4

YG – CLINICAL AND PREVENTIVE SERVICES

5

The next questions are about prevention of injury and illness.

1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Don't ride in front seat
} *(1b)*
6 ☐ Don't ride in a car *(2)*
9 ☐ DK *(1b)*

6

b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Don't ride in back seat
6 ☐ Don't ride in a car
9 ☐ DK

7

2. About how long has it been since your last routine check-up by a medical doctor or other health professional?

1 ☐ Less than 1 year
2 ☐ 1 year, less than 2 years
3 ☐ 2 years, less than 3 years
4 ☐ 3 years, less than 4 years
} *(3)*
5 ☐ 4+ years
6 ☐ Never *(6)*
9 ☐ DK *(3)*

3. During this last check-up, were you asked about –	Yes	No	DK	
a. Your diet and eating habits?	1 ☐	2 ☐	9 ☐	8
b. The amount of physical activity or exercise you get?	1 ☐	2 ☐	9 ☐	9
c. Whether you smoke cigarettes or use other forms of tobacco?	1 ☐	2 ☐	9 ☐	10
d. How much and how often you drink alcohol?	1 ☐	2 ☐	9 ☐	11
e. Whether you use marijuana, cocaine, or other drugs?	1 ☐	2 ☐	9 ☐	12
f. Sexually transmitted diseases?	1 ☐	2 ☐	9 ☐	13
Ask ONLY IF SP is less than 50 otherwise, skip to 4.	Yes	No	DK	
g. The use of contraceptives?	1 ☐	2 ☐	9 ☐	14

4. During this last check-up, did you have –	Yes	No	DK	
a. Your blood pressure checked?	1 ☐	2 ☐	9 ☐	15
b. Your cholesterol level checked?	1 ☐	2 ☐	9 ☐	16
c. Your height checked?	1 ☐	2 ☐	9 ☐	17
d. Your weight checked?	1 ☐	2 ☐	9 ☐	18

19

ITEM YG1 *Refer to age.*

1 ☐ SP is 65+ *(5)*
8 ☐ Other *(6)*

5. During this last check-up, did you have –	Yes	No	DK	
a. A vision test to see how well you see?	1 ☐	2 ☐	9 ☐	20
b. A hearing test?	1 ☐	2 ☐	9 ☐	21
c. A urine test?	1 ☐	2 ☐	9 ☐	22
d. A blood test to check your thyroid function?	1 ☐	2 ☐	9 ☐	23
e. A stool test to check for blood in the stool?	1 ☐	2 ☐	9 ☐	24

Notes

YG – CLINICAL AND PREVENTIVE SERVICES – Continued

6. **During the past 12 months, have you had a flu shot?**

Read if necessary: **This vaccination is usually given in the fall and protects against influenza for the flu season.**

25
1 ☐ Yes
2 ☐ No
9 ☐ DK

7. **Have you EVER had a pneumonia vaccination? This shot is given only once in a person's lifetime.**

26
1 ☐ Yes
2 ☐ No
9 ☐ DK

8. **During the past TEN years, have you had a tetanus shot?**

27
1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM YG2 *Refer to sex.*

28
1 ☐ Male *(Part YH)*
2 ☐ Female *(9)*

9. **About how long has it been since you had a Pap smear test? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?**

Read if necessary: **A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.**

29
0 ☐ Never had a Pap smear test
1 ☐ Within the past year
2 ☐ 1 to 3 years ago
3 ☐ Over 3 years ago
9 ☐ DK

10. **Have you had a hysterectomy?**

30
1 ☐ Yes
2 ☐ No

ITEM YG3 *Refer to age.*

31
1 ☐ Under 30 *(Part YH)*
2 ☐ 30 and over *(11)*

11. **A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.**

About how long has it been since you had a mammogram? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?

32
0 ☐ Never had a mammogram
1 ☐ Within the past year
2 ☐ 1 to 2 years ago
3 ☐ Over 2 years ago
9 ☐ DK

A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant.

12. **About how long has it been since you had a breast physical exam done by a doctor or other health care professional? Was it within the past year, 1 to 2 years ago, or over 2 years ago?**

33
0 ☐ Never had a breast physical exam
1 ☐ Within the past year
2 ☐ 1 to 2 years ago
3 ☐ Over 2 years ago
9 ☐ DK

Notes

YH – MENTAL HEALTH

These next questions are about stress.

1a. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all? — 34

1 ☐ A lot
2 ☐ Moderate
3 ☐ Relatively little
4 ☐ Almost none
(1b)
5 ☐ DK what stress is *(3a)*
9 ☐ DK *(1b)*

b. During the past YEAR, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all? — 35

1 ☐ A lot
2 ☐ Moderate
3 ☐ Relatively little
4 ☐ Almost none
9 ☐ DK

2. In the past YEAR, how much effect has stress had on your health – a lot, some, hardly any, or none? — 36

1 ☐ A lot
2 ☐ Some
3 ☐ Hardly any or none
9 ☐ DK

3a. In the past year, did you think about seeking help from family or friends for any personal or emotional problems? — 37

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems? — 38

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM YH1 *Refer to 3a and b.*

1 ☐ "No" in 3a and 3b *(Part YJ)*
2 ☐ Other *(4)*

4. Did you actually seek any help? — 39

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

YJ – ORAL HEALTH

These next questions are about oral health.

1. During the past 12 months, that is, since *(12-month date)* a year ago, about how many visits did you make to a dentist? — 40-41

00 ☐ None

_____ Dental visits
(Number)

99 ☐ DK

2. Have you lost ALL of your UPPER natural teeth? — 42

1 ☐ Yes
2 ☐ No

3. Have you lost ALL of your LOWER natural teeth? — 43

1 ☐ Yes
2 ☐ No

4. Would you say your health in general is excellent, very good, good, fair, or poor? — 44

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

ITEM YJ1 — *About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) accurately?* — 45

1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM YJ2 — *About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) honestly?* — 46

1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

CONTINUE WITH SECTION AI

Notes

CARD T1

1. **Work mainly indoors**
2. **Work mainly outdoors**
3. **Travel to different buildings or sites**
4. **In a motor vehicle**
8. **Other** *(Specify)*

S1
T1

(Cut along broken lines)

CARD T2

1. **Not allowed in ANY indoor or common public areas**
2. **Allowed in SOME public areas, including designated smoking areas**
3. **Allowed in ALL indoor or common public areas**

CARD T3

1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas

T2
T3

(Cut along broken lines)

CARD T4

01. Walking group
02. Jogging/Running group
03. Biking/Cycling group
04. Aerobics classes
05. Swimming classes
06. Non-aerobic exercise classes
07. Weight lifting classes
08. Fully paid membership in health/fitness club
09. Partially paid membership in health/fitness club
10. Physical activity or exercise competitions
98. Other *(Specify)*
00. No Programs

CARD T5

01. Gymnasium/Exercise room
02. Weight lifting equipment
03. Exercise equipment
04. Walking/Jogging path
05. Parcours/Fitness trails
06. Bike path
07. Bike racks
08. Swimming pool
09. Showers
10. Lockers
98. Other *(Specify)*
00. No facilities

T4
T5

(Cut along broken lines)

CARD U1

0. Never
1. Less than 1 year ago
2. 1 year, less than 2 years ago
3. 2 years, less than 5 years ago
4. 5+ years ago